

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 7, 2008

Nancy Antoon, LCSW Director Trinity County Behavioral Health Services 1450 Main Street Weaverville, CA 96093

Dear Ms. Antoon:

#### AUDIT REPORT - TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Trinity County Behavioral Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 546,372	\$ 542,090	\$ (4,282)
Federal Share of Healthy Families/Medi-Cal	\$ 2,381	\$ 1,215	\$ (1,166)
State General Funds EPSDT Due State	\$ 89,617	\$ 87,790	\$ (1,826)

Nancy Antoon, LCSW, Director February 7, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

MABEL GILTNER, Supervisor Audits – Bay & Central Region

**Enclosures** 

**CERTIFIED MAIL** 

# TRINITY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		_	As Settled	_	Audit Adjustments	_	As Audited
COUNTY - FFP MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDER	(Sch. 2a) (Sch. 2a)	\$ \$	495,650 2,381 498,031	\$ 	20 (1,166) (1,146)	_	495,670 1,215 496,885
CONTRACT PROVIDERS - FFP MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDER	(Sch. 3b) (Sch. 3b)	\$ \$	50,722 0 50,722	\$ _ \$_	(4,302) 0 (4,302)	_	46,420 0 46,420
TOTAL FFP - COUNTY PLUS CONTRACT P MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDER	ROVIDERS	\$ \$	546,372 2,381 548,753	\$     \$_	(4,282) (1,166) (5,448)	_	542,090 1,215 543,305
SUMMARY OF STATE GENERAL FUNDS  EPSDT - SGF	(Sch. 4)	\$_	89,617	. <b>\$</b> _	(1,826)	\$ <sub>=</sub> \$_	87,790

## TRINITY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

	-					Audit		
			_	As Settled	_	Adjustments	_	As Audited
<u>Tot</u>	al Medi-Cat Gross Reimbursement							
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		693,230		(3,604)		689,626
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0		0
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		3,329		(1,630)		1,699
9.	Total		\$_	696,559	\$_	(5,235)	\$_	691,324
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		0		0
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	0	\$ =	0	\$_	0
Me	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		693,230		(3,604)		689,626
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		_3,329		(1,630)	_	1,699
25.	Total		\$ _	696,559	\$_	(5,235)	\$=	691,324
Me	di-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
29	Total		\$	0	- \$ ~		`s-	0

# TRINITY COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0_	_	0_
36. Total		\$=	0	\$_	0	\$=	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	120,918	\$	(1,970)	\$	118,948
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ <del>-</del>	185,814	\$	(7,225)	_	178,589
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ -	120,918	\$-	(1,970)	_	118,948
37. Wedi-ear Relinguisemen	(Lower of Elist, Elist)	•	120,718	<b>*</b> =	_(1,270)	<b>"</b> =	110,740
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limi	t (MH1979, Ln 8)	\$_	333	\$_	(163)	\$_	170
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	903	\$_	(463)	\$_	440
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$=	333	\$ =	(163)	\$=	170
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	100,456	\$	4.842	\$	105,298
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	_	823	* = \$	40	=	863
The Sine Medical Care, A.	(11111777, 21113, 201. 2)			Ψ=	·		
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	359,437	\$	(2,646)	\$	356,791
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		0		0
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		60,459		(985)		59,474
50. U.R. Skilled Professional	(MH1979, Ln 14)		75,342		3,632		78,974
51. U.R. Other	(MH1979, Ln 15)		412		20		432
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0	_	0		0
53. Subtotal- FFP		\$=	495,650	\$ _	20	\$_	495,670
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	J	0	J	0	Φ	0
		_				_	
56. Total SD/MC Reimbursement - FFP		\$ =	495,650	. \$ _		: <sup>\$</sup> =	495,670
Net Healthy Families Reimbursement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	2,164	\$	(1,060)	\$	1,104
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	217		(106)		
60. Total Healthy Families Reimbursement - FFP		\$=	2,381	. \$ _	(1,166)	<b>\$</b> _	1,215
61. Total - FFP (Ln 56 + Ln 60)		\$	498,031	\$	(1,146)	\$	496,885
•		=		: =		: =	(To Sch. 1)

### TRINITY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Lega) Entity		(1) Regular M/Cal and EPSDT Gross Cost	(2) EPSDT Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Regular M/Cal and EPSDT Gross Cost	(7) EPSDT Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
Number	<u>Legal Entity</u>		I N P	ATLE				O U T P		E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00004	BUTTE COUNTY	\$ 0	s 0 \$	0 \$	0 \$	0 :	<b>s</b> 0	s 0 s	0 \$	0 \$	n
	WILLOW GLENN	\$ 0:		0 \$	0 \$	0 :			0 \$	37,455 \$	Ō
	HUMAN RESPONSE NETWORK	\$ 0 9		0 \$	0 \$	0 :			0 \$	3,737 \$	ō
	ROSEWOOD CARE CENTER	\$ 0 :	\$ 0 \$	0 \$	0 \$	0 :	\$ 8,635	\$ 0 \$	0 \$	8,635 \$	Ō
	NORTH VALLEY SCHOOLS, INC.	\$ 0 :	\$ 0 <b>\$</b>	0 \$	0 \$	0 9	\$ 40,368	\$ 0 \$	0 \$	40,368 \$	0
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### TRINITY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

			(11)	(12)		(13)	(14)		(15)	(16)	(17)	(18)	(19)
			Total	Healthy		Total	Healthy		Total		Total		Total
Legal			Revenue	Families		Revenue	Families		Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue		(Excl. HFP)	Revenue	_		Healthy Families	(Excl. HFP)	Healthy Families	FFP
<u>Number</u>	Legal Entity		1 N P A 1			OUTPAT		Ŀ	INPAT			ATIENT	Reimbursement
			(MH 1968,	(MH 1968,		(MH 1968,	(MH 1968,		(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)						Ln 11-13)
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	WILLOW GLENN	\$	0 9			0 \$		\$	0 \$	0			
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	GRAND TOTAL	s			<u>.</u>		<u></u>	<u>.</u>			\$ 90,195		
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### TRINITY COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

	8	(20) Neg. Rates	(21) Neg. Rates	(22) Neg. Rates	(23) Neg. Rates	(24)	(25)	(26)	(27)	(28)
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity		TIENT	OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
7 4941 19-2-2-2	<u> </u>	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	, , ,	,	(		
30004	BUTTE COUNTY S	0 \$	0 \$	0 \$	0 \$				0 \$	0
	WILLOW GLENN \$	0 \$		0 \$	0 \$				0 \$	19,295
	HUMAN RESPONSE NETWORK \$			0 \$	0 \$				0 \$	1,908
	ROSEWOOD CARE CENTER \$			0 \$	0 \$				0 \$	4,388
00484	NORTH VALLEY SCHOOLS, INC. \$			0 \$	0 \$				0 \$	20,829
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o	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL \$	0 \$	0_\$	0 \$	0 \$	46,420 \$	0 \$	46,420 \$	0 \$	46,420

(To Sch. 1)

## TRINITY COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	792,957	(13,136)	779,821
(2) Total SD/MC Claims	889,670	0	889,670
(3) Percent % (Line 1/Line 2)	89.13%	-1.48%	87.65%
(4) EPSDT Claims	254,565	0	254,565
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	226,894	(3,761)	223,133
(6) Cost Settled Baseline for EPSDT	42,346	0	42,346
(7) Net Cost Settlement Amount (Line 5 - Line 6)	184,548	(3,761)	180,787
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	89,617	(1,827)	87,790
(8a) FY 2001-02 EPSDT settlement	206,461	(8,570)	197,891
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	89,617	(1,826)	87,790
(11) SGF Distribution (Settled and Audited)	89,617	0	89,617
(12) SGF Due (State)	0	(1,826)	(1,826)

#### Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider	TRINITY CO.	BEHAV	IORAL I	HFALTH	Provider Number 00004	No. of Adj. 22	i	eriod Ended 30, 2003
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
1 2 3 Info	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate Total administrative Costs based on the audited gross cost methor percentages of 58.18% for SD/MC, 0.14% of HFP, and 41.68% for Non-SD/M Administration.	od IC	\$ 185,814 903 120,266 \$ 306,983	\$ (7,225) (463) 7,688	\$ 178,589 440 127,954 \$ 306,983
4 5 6 Info	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	0 0 0 0	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS  To allocate Total Utilization Review Costs (UR) based on the audited gross of method percentaged of 63.24% of Skilled Professional Medical Personnel an 0.52% of Other SD/MC Utilization Review, and 36.24 % of No-SD/MC Utilization Review.	nd	\$ 100,456 823 65,234 \$ 166,513	\$ 4,842 40 (4,882)	\$ 105,298 863 60,352 \$ 166,513
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	<del></del>				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	TRINITY CO.	BEHAV	IORAL I	HEALTH	00004	22	June	30, 2003
	Report Refe	rence	,			As	Increase	As
Adj.	Form/	<b>.</b>		EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
No.	Sch	Line	Col.				<del></del>	
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
7 8 9 10 11 12 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 07/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 20, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects		80,847 248,444 0 0 0 0 0 0 0 1,460 330,751	3,222 (8,531) 0 3,709 630 1,685 0 0 (715)	84,069 * 239,913 * 0 * 3,709 * 630 * 1,685 * 0 * 745 * 330,751
13 14	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total	the units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES - 10/01/02 to 06/30/03  TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower of the Cost Report filed or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.		** 84,069 ** 239,913 ** - ** 3,709 ** 630 ** 1,685 ** - ** - ** 745 330,751	0 0 0 (630) (1,685) 0 0 0 (2,315)	84,069 239,913 0 3,709 0 0 0 0 745 328,436
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.		_		

Provider	TRINITY CO.	BEHAV	IORAL H	HEALTH	Provider Number 00004	No. of Adj. 22		eriod Ended 30, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch	Line	Col	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS				
15 16 17 Info	MH 1966A MH 1966A MH 1966A	8 8A 9A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/03 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/time for the County's contract providers to agree with the State DMH Approved Claims Report dated February 20, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.		1,164 3,990 0 5,154	88 (231) 122 (21)	1,252 3,759 122 5,133
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide	<del></del>				Provider Number	No. of Adj.	Fiscal Po	eriod Ended
ĺ	TRINITY CO.	BEHAV	IORAL	HEALTH	00004	22	June	30, 2003
	Report Refe	erence				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
18	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB		112,890	(9,531)	103,359
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.				
19 20	MH 1979 MH 1979	23 27	J J Info	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 495,650 2,381 \$ 498,031	\$ 20 (1,166) \$ (1,146)	\$ 495,670 1,215 \$ 496,885
				To adjust Total SD/MC Reimbursement (FFP) due to costs and units of service/time adjustments.				
21	Sch. 3b Sch. 3b	Total Total	24 25 Info	TOTAL SDIMC REIMBURSEMENT (FFP) - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - CONTRACT PROVIDE TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	ERS	50,722 0 50,722	(4,302) - 0 (4,302)	46,420 0 46,420
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.				
22	Sch. 4	8	3	ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT TOTAL EPSDT - SGF		\$ 89,617	\$ (1,826)	\$ 87,790
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.				
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

# TRINITY COUNTY BEHAVIORAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE, 2003

#### FINDING 1 - RETENTION AND MAINTENANCE OF RECORDS

During the audit process, we experienced difficulty in gathering copies of supporting documentation and/or source documents that the County used to prepare the cost report. The County provided no working papers for this fiscal year.

#### **AUDIT AUTHORITY:**

Title 9, California Code of Regulations, Section 640

#### **RECOMMENDATION:**

Regulations require consistent maintenance of adequate and accurate accounting records. The County must keep adequate financial records and statistical data to support year-end documents filed with the Department of Mental Health. These records include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data charts, and schedules for allocating costs. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

Additionally, the nature of working papers require that proper control and adequate safeguards be maintained at all times. We strongly recommend the County to establish an archives policy that states the types of working paper, locations, retention period, access authorities, etc. We recommend that the County ensure all financial and statistical records utilized in the preparation of the SD/MC cost report be properly retained and be readily available for its internal and external review / reports purpose.

#### **AUDITEE'S RESPONSE:**

As we expressed to DMH at the time of our exit conference on 1/17/08, we have no record of having received any requests for supporting or source documents and do not know to what the finding refers. We are compliant with all retention schedules and have multitudes of files to document all of activities. If we understood what was requested, we would certainly have been happy to provide it in a timely manner. We believe that this finding should not be applied to this audit.

#### DEPARTMENT OF MENTAL HEALTH

## CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY

County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH	Α	В	С
Legal Entity Number: 00004	Salaries	_	Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	924,489	1,049,776	1,974,265
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		(307,738)	(307,738)
4 Other Adjustments (Provide Detail)			
5 Total Costs Before Medi-Cal Adjustments	924,489	742,038	1,666,527
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			1,666,527
Administrative Costs (County Only)			
9 SD/MC Administration			178,589
10 Healthy Families Administration			440
11 Non-SD/MC Administration			127,954
12 Total Administrative Costs			306,983
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			105,298
14 Other SD/MC Utilization Review			863
15 Non-SD/MC Utilization Review			60,352
16 Total Utilization Review Costs			166,513
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			1,193,031
19 Total Costs - Lines 9 through 18			1,666,527

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

#### **DEPARTMENT OF MENTAL HEALTH**

Fiscal Year 2002-2003

County: TRINITY COUNTY

County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH		В	С
Legal Entity Number: 00004	Salaries	- <del>-</del>	Total
	and Benefits	Other	Adjustments
1 EQUIPMENT DEPRECIATION			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: TRINITY COUNTY

County Code: 53

	Legal Entity: TRINITY CO. BEHAVIORAL HEALTH	A
Le	gal Entity Number: 00004	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,193,031
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,091,302
6	Outreach Services (Mode 45)	74,189
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	27,540
9	Total - Lines 2 through 8	1,193,031

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: TRINITY COUNTY

	Legal Entity: TRINITY CO. BEHAVIORAL HI	ALTH	I A	В	С	D	E	F	G
Le	gal Entity Number: 00004			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
				01_	40	60	61	70	
1_	Allocation Percentage		100.00%	30.03%	54.04%	0.53%	6.99%	8.42%	
2	Total Units		1 000 027	183,455	256,303	1,320	25,201	26,705	
3	Gross Cost		1,088,037	326,689	587,922	5,800	76,008	91,617	2000000
4	Cost per Unit			1.78	2.29	4.39	3.02	3.43	
5	SMA per Unit			1.77	2.28	4.23	4.23	3.41	
<u>6</u>	Published Charge per Unit			1.77	2.28	4.23	4.23	3.41	
7 	Negotiated Rate / Cost per Unit				diagram (green)	22000000	020,000,000,000	<u> </u>	
8	Medi-Cal Units	07/01/02 - 09/30/02		39,320	41,539			3,210	
8A		10/01/02 - 06/30/03		110,155	117,965	1,110		9,888	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03			3,264	210		235	
10_	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	<u> </u>	10/01/02 - 06/30/03			<del></del>				
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11 11A	Healthy Families (SED) Units	07/01/02 - 09/30/02		———	745				
	Non-Medi-Cal Units	10/01/02 - 06/30/03		32 000			25 201	12 272	
	MOTENTE DE LA CONTROL DE LA CO			33,980	92,790	entrické inicia	25,201	13,372	<u>territoria</u>
13	Medi-Cal Costs	07/01/02 - 09/30/02	176,317	70,019	95,285			11,013	
13A		10/01/02 - 06/30/03	505,555	196,160	270,595	4,877		33,923	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	175,251	69,596	94,709			10,946	
14A		10/01/02 - 06/30/03	502,348	194,974	268,960	4,695	1	33,718	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	175,251	69,596	94,709			10,946	
15A		10/01/02 - 06/30/03	502,348	194,974	268,960	4,695		33,718	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	<del> </del> _						
16A		10/01/02 - 06/30/03	1						<del></del>
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	Medicare/Medi-Car Crossover Costs	10/01/02 - 06/30/03	9,216		7,487	923		806	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	Medicale/Medi-Cal Crossover SMA Opper Limits	10/01/02 - 06/30/03	9,132		7,442	888		801	
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	Thousand the de discourse in abilities on a gos	10/01/02 - 06/30/03	9,132		7,442	888		801	
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03	L						
21	5.1 100.110.0	07/01/02 - 09/30/02				*************			
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Unacet imite	07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23	Enhanced SD/MC Bublished Chames	07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Elinanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		Control Control				34.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	<del> </del>						
		07/01/02 - 06/30/03	<del>   </del>	+					
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	<del>                                     </del>		-				
				at mandarini	er en	<u> </u>			ing selection of
~ ~	Healthy Families Costs	07/01/02 - 09/30/02	<b> </b>						
9	9A	10/01/02 - 06/30/03	1,709		1,709				
9A									
29A 30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	<del></del>						
29A 30 30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	1,699		1,699				
29A 30 30A 31		10/01/02 - 06/30/03 07/01/02 - 09/30/02							
9A 80 80A 81 81A	Healthy Families SMA Upper Limits Healthy Families Published Charges	10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03	1,699 1,699		1,699				
29A 30 30A 31		10/01/02 - 06/30/03 07/01/02 - 09/30/02							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: TRINITY COUNTY

County Code: 53	MHS	MHS

County Code: 53			MHS	MH2				
Legal Entity: TRINITY CO. BEHAVIOR	RAL HEALTH	Α	В	C	D	E	F	G
Legal Entity Number: 00004		Made Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program		Mode Total	Function 30	Function 60	Function	Function	Function	Function
1 Allocation Percentage		100.00%	10.11%	89.89%		<del> </del>	<del> </del>	<del></del>
2 Total Units		700.00%	600	575		<del> </del>	<del>                                     </del>	<del> </del> -
3 Gross Cost		3,265	330	2,935		<del></del>	<del> </del>	<del></del>
	<u> </u>	0,200					<u> </u>	
4 Cost per Unit			0.55	5.10		<del> </del>	<del> </del>	<del> </del>
5 SMA per Unit 6 Published Charge per Unit			2.28	4.23		<del></del>		<del> </del>
6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit						<del></del>	<del></del> -	<del> </del>
Harris and the second s		1	inguation (common		<u> </u>	<u> </u>	Constitution (Constitution (Co	
8 Medi-Cal Units	07/01/02 - 09/30/02							
8A	10/01/02 - 06/30/03		240	555				
9 Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					ļ		<b></b>
9A	10/01/02 - 06/30/03							
10 Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03				<del></del>	<b> </b>	}	<u> </u>
Healthy Families (SED) Units	07/01/02 - 09/30/02				!		<u>  — — — </u>	<del></del>
[TIA]	[10/01/02 - 06/30/03							<del></del>
12 Non-Medi-Cal Units	12 Non-Medi-Cal Units		360	20			i kanananananananan	<u> </u>
13 Medi-Cal Costs	07/01/02 - 09/30/02							
13A Medi-Cai Costs	10/01/02 - 06/30/03	2,965	132	2,833				
14 Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A Medi-Cai SMA Opper Limits	10/01/02 - 06/30/03	2,895	547	2,348				
15 Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A Medi-Cai Fublished Charges	10/01/02 - 06/30/03							
16 Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A Medi-Cal Regulated Rates	10/01/02 - 06/30/03							
17 Martin and Martin Cal Consequence Conta	07/01/02 - 09/30/02		**********		<u> 24. 1818 - 1925, 1916, 1916, 1</u>			
	10/01/02 - 06/30/03							
10	07/01/02 09/20/02							
18A Medicare/Medi-Cal Crossover SMA Upper	10/01/02 - 06/30/03							
19 Madiana Madi Cal Caracavas Bublished Ch	07/01/02 - 09/30/02							
19A Medicare/Medi-Cal Crossover Published Ch	10/01/02 - 06/30/03							
20 Medicare/Medi-Cal Crossover Negotiated F	07/01/02 - 09/30/02							
20A Medicare/Medi-Cai Crossovei Negotiated P	10/01/02 - 06/30/03							
21	07/01/02 - 09/30/02			**** <u>*********************************</u>	<u> </u>	<u> </u>		<u> </u>
Enhanced SD/MC Costs	10/01/02 - 06/30/03	t						<del> </del> -
22	07/01/02 - 09/30/02	<del>                                     </del>				<del></del> -	<del>-</del>	_ <del></del>
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	<del>                                     </del>		+			<del></del>	<del></del>
22	07/01/02 - 09/30/02	<del>   </del>						
23A Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	<del>                                     </del>						·
24	07/01/02 - 09/30/02							
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03				-			
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	100,000,000,000		<u> </u>	<u> </u>			<u> </u>
		<del>                                     </del>					<del></del>	
26 Enhanced SD/MC (Refugees) SMA Upper I 27 Enhanced SD/MC (Refugees) Published Ch		<del> </del>				<del></del> -	<del></del>	
28 Enhanced SD/MC (Refugees) Negotiated R		<del>                                     </del>				-		<del></del>
and the second s	arangan di Parang Mangananan dan kabupat dan ber						er er graft, diger	gradustrations
Healthy Families Costs	07/01/02 - 09/30/02	ļ						———
	10/01/02 - 06/30/03	<u> </u>						
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							<del></del>
30A	10/01/02 - 06/30/03	<b> </b>			:	L		ļ <del></del>
Healthy Families Published Charges	07/01/02 - 09/30/02							<del></del>
31A	10/01/02 - 06/30/03							<del></del>
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	10/01/02 - 06/30/03					National and a second		Agenta and a sector
33 Non-Medi-Cal Costs		300	198	102				
<del></del>								

DETAIL COST REPORT

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 **DETAIL COST REPORT** Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: TRINITY COUNTY County Code: 53 CR CR CR

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH	A	В	С	D	E	F	G
Legal Entity Number: 00004		Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		20	21	22		_	_ <del></del>
1 Allocation Percentage	100.00%	44.60%	30.13%	25.27%			
2 Total Units		873	279	208			
3 Gross Cost	74,189	33,089	22,350	18,750			
4 Cost per Unit		37.90	80.11	90.14	<u>i deletetetetetet 1 j. letet</u>	<u> </u>	<u> </u>
5 Non-Medi-Cal Units		873	279	208			
6 Non-Medi-Cal Costs	74.189	33.089	22.350	18,750			

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

**DETAIL COST REPORT** 

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: TRINITY COUNTY County Code: 53 CR CR CR

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH	A	В	С	D	Ē	F	G
Legal Entity Number: 00004		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		30	40	41			
1 Allocation Percentage	100.00%	20.19%	28.25%	51.56%			
2 Total Units		185	158	360	<del>_</del>		
3 Gross Cost	27,540	5,561	7,779	14,200			
4 Cost per Unit		30.06	49.23	39.44	4-11-11-11-11-11-11-1-1-1-1-1-1-1-1-1-1		
5 Non-Medi-Cal Units (Same as Line 2)		185	158	360			
6 Non-Medi-Cal Costs (Same as Line 3)	27,540	5,561	7,779	14,200	<u>paranagi</u> , apagipin hisiogisi		<u>, 194949494949494949494949494949494949494</u>

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY County Code: 53				REIMBURS	EMENT TYPE	PC		PC		1	SMA	
Legal Entity: TRINITY CO. BEHAVIORAL	HEALTH		В	C	D	E	F	G	н	1	J	K
Legal Entity Number: 00004						Total				Total		Total
		<u></u>	Mode 55		Total	Inpatient	Mad- OF CT		Ma 3: 45	Outpatient	Ma 4- 42	Outpatient
		S. F.'s 01-09	S. F 's 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-Ail Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. I + Col. J)
1 Medi-Cal Costs	07/01/02 - 09/30/02	3.7.5 01-09	31-35	3. F. S 21-23		riospitai	Oulei	Nicue 10	176,317	176,317		176,317
	10/01/02 - 06/30/03				statelelelelelelelelelelelelelelelelelele				505,555	505,555		508,519
2 Medi-Cal SMA	07/01/02 - 09/30/02								175,251	175,251		175,251
2A	10/01/02 - 06/30/03						<del> </del>		502,348	502,348	2,895	505,243
2 Medi-Cal SMA 3 Medi-Cal P. C	07/01/02 - 09/30/02 10/01/02 - 06/30/03	2 19141414141 1419 4 4 14 14 14 14 14 14 14 14 14 14 14 14 14						<del></del>	175,251 502,348	175,251 502,348		175,251 502,348
	07/01/02 - 09/30/02	100000000000000000000000000000000000000				-			302,040	302,340		
4A Medi-Cal N. R.	10/01/02 - 06/30/03											
5	07/01/02 - 09/30/02					: :	18181818181818181	131414141 <u>31, 1414</u>	175,251	175,251	<u> </u>	175,251
5A Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03								502,348	502,348	2,895	505,243
<u> Tarak kangan dan anggan anggan</u>	07/01/02 - 09/30/02					. 41414144 <u>-1447</u> -444	1212121212121	*****************	. <u> </u>	i turk turk tir jiratar	and the area and area and area are	ra jarahararahahaha
Medicare/Medi-Cal Crossover Cost	10/01/02 - 06/30/03							<del></del>	9,216	9,216		9,216
7 Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A	10/01/02 - 06/30/03								9,132	9,132		9,132
8 Medicare/Medi-Cal Crossover P C. 9 Medicare/Medi-Cal Crossover N R	07/01/02 - 09/30/02							<del></del>				
8A	10/01/02 - 06/30/03 07/01/02 - 09/30/02	14232323232323333333 13232323232333				<del> </del>			9,132	9,132		9,132
9A Medicare/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03	111111111111111111111111111111111111111										
	<u> સંવેદ્ય સ્થાન સામાના માટે સ્થાન સ્થાન</u>						ereter felige.	personal district	0.0000000000000000000000000000000000000	del Registrations	deideidendeide	
10A Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								9,132	9,132	<del></del>	9,132
								<u> </u>		10-1-10-1-10-1	100000000000000000000000000000000000000	
11 Total SD/MC + Crossover Gross Reim	07/01/02 - 09/30/02					L	<b>├</b>	<b>!</b>	175,251	175,251	0.000	175,251
11A	10/01/02 - 06/30/03					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	4747474 <u>274747474</u>	511,480	511,480	2,895	514,374
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								<u> </u>		<u> </u>	
12A	10/01/02 - 06/30/03						<del></del>		<del> </del>			
13A Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<del>                                     </del>		<del>                                     </del>		<del></del>	<del></del>
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								<del>-</del>		1111 AND TO BE THE	
14A Emilianced SD/Mic (Children) F. C.	10/01/02 - 06/30/03	ininininininininin										
15 Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A	10/01/02 - 06/30/03					*****************	***********	* *,*,*,*,*,*,*,				
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A	10/01/02 - 06/30/03											
17 Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03										<del></del>	
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
runun <mark>nununun</mark> un ing langnakanan dan berantah propinsi dan berantah banya berantah	and the state of t					enganan tahun ana	21.14.14.14.14.15.	**** <u>**</u> *.*.*.*				<u> </u>
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								175,251	175,251		175,251
21A (Excludes Refugees) 22 { Enhanced SD/MC (Refugees) Gross Reim	10/01/02 - 06/30/03 07/01/02 - 06/30/03							<b></b>	511,480	511,480	2,895	514,374
ananan da karang kang kang merupakan ang kanggalang banggalan da kanggalang kanggalan da kanggalan kanggalan b	tallutatutut yang tarapatatan a <u>rabatatu</u> t.					<u> </u>	*.*.*.*.*.*	<u> </u>		171 * 1 * 1 * 1 * 1 * 1 * 1 * 1		
23 Healthy Families Cost 23A	07/01/02 - 09/30/02											
a. T	10/01/02 - 06/30/03 07/01/02 - 09/30/02	10 10 10 10 10 10 10 10 10 10 10 10 10 1							1,709	1,709	F	1,709
24 Healthy Families SMA	10/01/02 - 06/30/03								1,699	1,699		1,699
25 Healthy Families P C	07/01/02 - 09/30/02	Pictibilities							1,000	1,000		
25A	10/01/02 - 06/30/03								1,699	1,699		1,699
Healthy Families N. R.	07/01/02 - 09/30/02											
20A	10/01/02 - 06/30/03						letstetet testes		tetalendarioteta			entere e e e e e e e e e e e e e e e e e e
27 Healthy Families Gross Reim	07/01/02 - 09/30/02											_
2/A	10/01/02 - 06/30/03	144				<del> </del>			1,699	1,699	ļ	1,699
Less: Patient and Other Payor Revenues	07/04/00 00/00/00					Mara dadd						
28 SD/MC + Crossover Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							<del>                                     </del>		<del></del>	
29 Enhanced SD/MC (Children) Revenues	1000102 - 00/30/03					<del></del>						
Enhanced SD/MC (Refugees) Revenues												
Healthy Families Revenues												
Total Expenditures from MAA (Mode 55)									to distributi			
33 Medi-Cal Eligibility Factor (Average)												
Revenue - MAA												
Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02						12,1,1,1,1,1,1,1,1,1,1		175,251	175,251		175,251
B5A THE BUT SETTING TO BITCH CONTINUES	10/01/02 - 06/30/03								511,480	511,480	2,895	514,374
Net Due - Enhanced SD/MC (Refugees)												
Net Due - Healthy Families	07/01/02 - 09/30/02								4 000		$\vdash$	
MA	10/01/02 - 06/30/03					<u>, , , , , , , , , , , , , , , , , , , </u>		*.* <u>.*.*.</u> *.*.*.*.	1,699	1,699		1,699
Amount Negotiated Rates Exceed Costs												<u>Liebbilihelib</u>
SD/MC (Includes Children)	07/01/02 - 09/30/02								₩			
38A Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03							<del></del>	<del>                                     </del>			_
40 Healthy Families	07/01/02 - 09/30/02					_						_
40A Healthy Families	10/01/02 - 06/30/03	Light half has t										

#### DEPARTMENT OF MENTAL HEALTH

#### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: TRINITY COUNTY

County Code: 53

Legal Entity: TRINITY CO. BEHAVIORAL HEALTH

Lega	al Entity Number: 00004	А	В	С	D	E	F	
	Data Type	Net Dire	ct Costs	FF	P	Effective		
	Data Type	(Gross Reim. C	osts - Revenue)	Dol	lars	FFI	P%	
	Source	MH1	970s	MH1	970s	Calcu	ilated	
		Column N	Column Q	Column R	Column U	Calco		
	Formula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1	05 - Hospital Inpatient (SFC 10-19)					THE STREET		
2	05 - Other 24 Hour Services (All Other SFC)		_					
3	10 - Day Services					* Andrew Street	Total Specification of the Control o	
4	15 - Outpatient (Program 1)	175,251	511,480	90,079	265,240		A TOPAR TO THE	
5	15 - Outpatient (Program 2)	-	2,895		1,471			
6	Totals	175,251	514,374	90,079	266,712			
7	Totals from MH1979	175,251	514,374	90,079	266,712			
8	Effective SD/MC FFP %					51.40%	51.85%	

#### DETAIL COST REPORT

#### SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

Source:

Source:

DEPARTMENT OF MENTAL HEALTH

County: TRINITY COUNTY
nty Code: 53

County Code: 53	_					MH1978 E8	MH1978 F8			
Legal Entity: TRINITY CO. BEHAVIORAL HEALTH	Α	B_	C	D	E	<u>F</u>	G	<u> </u>	1	J
Legal Entity Number: 00004	Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.85% FFP	¹Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)	IVIAA	mpatient	Outpatient	TOTAL						rre Billippini
County SD/MC Direct Service Gross Reimbursement		140-1-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	689,626	689,626						
Contract Provider Medi-Cal Direct Service Gross Reimbursement		13.164	90,195	103.359						
3 Total Medi-Cal Direct Service Gross Reimbursement	100000000000000000000000000000000000000	15,104	50,175	792,985						
Medi-Cal Administrative Reimbursement Limit	100000000000000000000000000000000000000			118,948						
5 Medi-Cal Administration				178,589						
6 Medi-Cal Administrative Reimbursement	1			118,948	59,474					59,47
				116,746	39,474					
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement			1,699	1,699						
8 Healthy Families Administrative Reimbursement Limit				170						
9 Healthy Families Administration				440						
10 Healthy Families Administrative Reimbursement				170				111		11
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										
12 Medi-Cal Admin, Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										-
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				105,298					78,974	78,97
15 Other SD/MC Utilization Review (County Only)				863	432					43
16 SD/MC Not Bright appear for Biret Service   07/01/02 - 09/30/02		1.	175,251	175,251		90.079				90,07
16A SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03			514,374	514,374			266,712			266.71
17			314,374	314,374			200,712	[*]*[*]*[*[*]*[*]*]*[*]*		200,71
17A Enhanced SD/MC Net Reimb. (Children) 10/01/02 - 09/30/02 10/01/02 - 06/30/03										
18 Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess FFP										495.67
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		Carte fall after to fair of a fair of a	<u>l edución de la </u>	<u>teta tahuhan arabutu tuhuhan arabuhaha</u>						1,2,0,
21 Total SD/MC Reimbursement (FFP)										495,67
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										495,67
										geogladetskiste
24 Healthy Families Net Reimbursement 07/01/02 - 09/30/02										
24A   10/01/02 - 06/30/03			1,699	1,699				1,104		1,10
25 Total Healthy Families Reimbursement Before Excess FFP										1,21
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement	Harrist State of the									1,21